

## STATE FISCAL YEAR 2005

**New Jersey Department of Environmental Protection  
Office of Quality Assurance****APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS*****PART I***  
**ADMINISTRATIVE INFORMATION**

1. Check one box for the type of application request:  
☐ Initial  
☐ Modification      New Jersey ID# \_\_\_\_\_  
☐ Renewal              New Jersey ID# \_\_\_\_\_
  
2. Check the applicable box for the type of application request:  
☐ Environmental Laboratory Certification Program (ELCP)  
  
☐ National Environmental Laboratory Accreditation Program (NELAP)  
☐ Primary Accreditation  
☐ Secondary Accreditation (If checked, name the primary accrediting authority and submit the Primary State's Certificate and Accredited Analytical Testing Parameter List (AATPL) with this package)  
  
\_\_\_\_\_
  
3. Name of Laboratory or Facility (As it should appear on the Certificate):  
\_\_\_\_\_
  
4. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
Facsimile #: (\_\_\_\_\_) \_\_\_\_\_
  
5. Physical address of laboratory (if different from above):  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
6. Name of Contact Person \_\_\_\_\_  
Telephone # (\_\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_
  
7. Hours of Operation: \_\_\_\_\_
  
8. Name and Business Address of Owner: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**STATE FISCAL YEAR 2005**

9. Check the applicable code below that applies to your laboratory, environmental firm or company:

<u>SIC Code</u>	<u>Description</u>	<u>SIC Code</u>	<u>Description</u>
___3900	Miscellaneous Manufacturing Industry	___8734	Commercial Testing Laboratories
___4940	Water Supply (Drinking Water)	___9199	Federal Government including Military
___4952	Sewerage Systems	___9431	Administration of Public Health Programs
___8060	Hospital or Health-Care Facility	___9511	Air & Water Resources & Solid Waste Mgt
___8220	Colleges and Universities	___9994	Mobile Laboratory
___8711	Engineering Services	_____	Other

10. Check the applicable box that applies to your laboratory, environmental firm or company.

- ☐ Commercial - willing to perform work for the general public.  
☐ Non-Commercial - not willing to perform work for the general public.

11. CERTIFICATION BY APPLICANT

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the New Jersey Department of Environmental Protection's rules, N.J.A.C. 7:18 Regulations Governing the Certification of Laboratories and Environmental Measurements and NELAC Standards where applicable and is subjected to the enforcement and penalty provisions provided therein.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information. (N.J.A.C. 7:18-1.9)

\_\_\_\_\_  
 Print Name of Applicant Laboratory (Legal Name)

\_\_\_\_\_  
 Certification ID# (if issued)

\_\_\_\_\_  
 Signature of Manager or Lead Technical Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Manager or Lead Technical Director

\_\_\_\_\_  
 Signature of Quality Assurance Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Quality Assurance Officer

**IMPORTANT** - Review your package and mark with an "X" the following items that are included:

- \_\_\_ Part I Complete, signed and dated.  
 \_\_\_ Part II See instructions.  
 \_\_\_ Part III See instructions.  
 \_\_\_ NELAP Primary State's Certificate & Accredited Analytical Testing Parameter List.  
 \_\_\_ Fee Initial or Modification Fee mail to OQA. Renewal Fee Mail to NJ Dept of Treasury  
 \_\_\_ Discrepancy Form -- Renewal application only

< **Send your completed application with the necessary supporting documentation to the following address:**

**New Jersey Department of Environmental Protection  
 Office of Quality Assurance  
 P.O. Box 424, 9 Ewing Street  
 Trenton, NJ 08625-0424**

**Inquires: Phone (609) 292-3950**